

Hancock County Government

Health Savings Account (HSA) Direct Deposit Form

For Calendar Year 2020

Employee Name: _____

Account Holder: _____
If different from the employee

Account Holders Social Security Number: _____ - _____ - _____

Per Pay Deduction to the HSA Account: \$ _____ (Employee Contribution)

The annual Limits for 2020 are \$3,550 for single and \$7,100 for family coverages.
You need to include the amount Hancock County contributes in these limits. An individual, who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year as a catch-up contribution.

I am electing to have my HSA Account through Maestro Health Yes No

If not electing to use Maestro Health, please complete the information below.

Name of Financial Institution: _____

Address of Financial Institution: _____
Street Address

City State ZipCode

Phone Number of Financial Institution: _____

Account Number: _____

Routing Number: _____

If not electing to use Maestro Health HSA please confirm that the account listed above is a Health Savings Account:

I am confirming that account listed above is a Health Savings Account

Employee Signature

Date

Account Holder Signature (if different than employee)

Date